



MISSOURI DEPARTMENT OF AGRICULTURE

MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)

Missouri Dairy Scholars Scholarship Program Dairy-Related Work Experience/Internship Placement Certification Form

Please Print or Type

SECTION 1 – ELIGIBLE STUDENT INFORMATION

| | | | | |
|-----------------|-------|----------------|-------------------------|--------------------|
| Name : Last | First | Middle Initial | Phone Number: | Cell Phone Number: |
| Address: | | City: | Zip: | |
| E-Mail Address: | | County: | Social Security Number: | |

SECTION 2 –WORK EXPERIENCE/ INTERNSHIP INFORMATION

| | |
|----------------------------------|--------------------|
| Name of Employing Business/Farm: | Work Phone Number: |
| | Cell Phone Number: |
| Contact Person/Supervisor: | E-mail Address: |
| Mailing Address: | |

Physical Location (if different than mailing address) :

Dates of Employment:

Normal Work Hours (e.g. Monday-Friday 8 a.m. – 5:00 p.m.):

Total Number of Hours Worked During Term of Employment:

SECTION 3 – WORK EXPERIENCE/INTERNSHIP DUTIES

List duties and activities of the dairy-related work experience or internship, with percentage of time allocated to each, in order of amount of time spent. Please be as specific as possible. (e.g. Mixing feed: 50%, staffing dairy education booth at fairs: 25%) Attach additional sheets, if necessary.

| | |
|-------|---------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |

SECTION 4 – CERTIFICATION OF INFORMATION

I certify the information contained in this Placement Certification Form is true, complete and correct.

| | |
|------------------------|-------|
| Signature of Student: | Date: |
| Signature of Employer: | Date: |

Submit to:

MASBDA
DAIRY SCHOLARS PROGRAM
PO BOX 630
JEFFERSON CITY, MO 65102-0630
TELEPHONE: (573) 751-2129
FAX: (573) 522-2416
masbda@mda.mo.gov